	House Amendment NO
	Offered By
	AMEND House Committee Substitute for House Bill No. 780, Page 1, Section A, Line 2, by
	inserting immediately after said line the following:
	"208.991. 1. For purposes of this section and section 208.990, the following terms mean:
	(1) "Child" or "children", a person or persons who are under nineteen years of age;
	(2) "CHIP-eligible children", children who meet the eligibility standards for Missouri's
	children's health insurance program as provided in sections 208.631 to 208.658, including paying
	the premiums required under sections 208.631 to 208.658;
	(3) "Department", the Missouri department of social services, or a division or unit within
	the department as designated by the department's director;
	(4) "MAGI", the individual's modified adjusted gross income as defined in Section
	36B(d)(2) of the Internal Revenue Code of 1986, as amended, and:
	<ul><li>(a) Any foreign earned income or housing costs;</li><li>(b) Tax-exempt interest received or accrued by the individual; and</li></ul>
	(c) Tax-exempt Social Security income;
	(5) "MAGI equivalent net income standard", an income eligibility threshold based on
	modified adjusted gross income that is not less than the income eligibility levels that were in effect
	prior to the enactment of Public Law 111-148 and Public Law 111-152.
	2. (1) Effective January 1, 2014, notwithstanding any other provision of law to the
C	contrary, the following individuals shall be eligible for MO HealthNet coverage as provided in this
5	section:
	(a) Individuals covered by MO HealthNet for families as provided in section 208.145;
	(b) Individuals covered by transitional MO HealthNet as provided in 42 U.S.C. Section
	1396r-6;
,	(c) Individuals covered by extended MO HealthNet for families on child support closings as provided in 42 U.S.C. Section 1396r-6;
	(d) Pregnant women as provided in subdivisions (10), (11), and (12) of subsection 1 of
	section 208.151;
	(e) Children under one year of age as provided in subdivision (12) of subsection 1 of section
	208.151;
	(f) Children under six years of age as provided in subdivision (13) of subsection 1 of section
	208.151;
	(g) Children under nineteen years of age as provided in subdivision (14) of subsection 1 of
	section 208.151;
	(h) CHIP-eligible children; and
	(i) Uninsured women as provided in section 208.659.
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- (2) Effective January 1, 2014, the department shall determine eligibility for individuals eligible for MO HealthNet under subdivision (1) of this subsection based on the following income eligibility standards, unless and until they are changed:
- (a) For individuals listed in paragraphs (a), (b), and (c) of subdivision (1) of this subsection, the department shall apply the July 16, 1996, Aid to Families with Dependent Children (AFDC) income standard as converted to the MAGI equivalent net income standard;
- (b) For individuals listed in paragraphs (f) and (g) of subdivision (1) of this subsection, the department shall apply one hundred thirty-three percent of the federal poverty level converted to the MAGI equivalent net income standard;
- (c) For individuals listed in paragraph (h) of subdivision (1) of this subsection, the department shall convert the income eligibility standard set forth in section 208.633 to the MAGI equivalent net income standard;
- (d) For individuals listed in paragraphs (d), (e), and (i) of subdivision (1) of this subsection, the department shall apply one hundred eighty-five percent of the federal poverty level converted to the MAGI equivalent net income standard.
- (3) Individuals eligible for MO HealthNet under subdivision (1) of this subsection shall receive all applicable benefits under section 208.152.
- 3. The department or appropriate divisions of the department shall promulgate rules to implement the provisions of this section. Any rule or portion of a rule, as the term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2013, shall be invalid and void.
- 4. Effective January 1, 2018, and subject to the receipt of appropriate waivers and approval of state plan amendments, individuals who meet the following qualifications shall be eligible for alternative benefit plans as set forth in section 208.998, subject to the other requirements of this section:
  - (a) Are nineteen years of age or older and under sixty-five years of age;
  - (b) Are not pregnant;

- (c) Are not entitled to or enrolled for Medicare benefits under Part A or B of Title XVIII of the Social Security Act;
- (d) Are not otherwise eligible for and enrolled in mandatory coverage under the MO HealthNet program in accordance with 42 CFR 435, Subpart B; and
- (e) Have household income that is at or below one hundred thirty-three percent of the federal poverty level for the applicable family size for the applicable year as converted to the MAGI equivalent net income standard except the household income may be reduced by a dollar amount equivalent to five percent of the federal poverty level for the applicable family size as required under 42 U.S.C. Section 1396a(e)(14)(I)(i).
- (2) The department shall immediately seek any necessary waivers from the federal Department of Health and Human Services to implement the provisions of this subsection. The waivers shall:
- (a) Promote healthy behavior and reasonable requirements that patients take ownership of their health care by seeking early preventive care in appropriate settings, including no co-payments for preventive care services;
- (b) Promote the adoption of healthier personal habits including limiting tobacco use or behaviors that lead to obesity;

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- (c) Allow recipients to receive an annual cash incentive if federal financial participation is obtained for such an incentive, or a cash equivalent if not, to promote responsible behavior and encourage efficient use of health care services;
  - (d) Allow health plans to offer a health savings account option; and
- (e) Include a request for an enhanced federal funding rate consistent with subsection 7 of this section for newly eligible participants.
- 5. The department shall provide premium subsidy and other cost supports for individuals eligible for MO HealthNet under subsection 4 of this section to enroll in employer-provided health plans or other private health plans based on cost-effective principles determined by the department.
- 6. Effective January 1, 2018, the department shall obtain health care coverage for persons who have an income between one hundred percent and one hundred thirty-three percent of the federal poverty level for the applicable family size, for the applicable year as converted to the MAGI equivalent net income standard, who meet all other requirements of subsection 4 of this section, through a health care exchange operating in this state, whether federally facilitated, state based, or operated on a partnership basis, or an employer. The department shall ensure the participants receive the minimum services required to ensure federal reimbursement at the percentages specified in Section 2001 of Public Law 111-148. The department shall require cost sharing to the maximum extent allowed by law.
- [4.] 7. The department shall submit such state plan amendments and waivers to the Centers for Medicare and Medicaid Services of the federal Department of Health and Human Services as the department determines are necessary to implement the provisions of this section. The department shall request of the federal government an enhanced federal funding rate for persons newly eligible under subsection 4 of this section whereby the federal government agrees to pay the percentages specified in Section 2001 of PL 111-148, as that section existed on March 23, 2010. The provisions of subsections 4 to 6 of this section shall not be implemented unless such waivers and enhanced federal funding rates are granted by the federal government.

208.998.1 All MO HealthNet plans under this section shall provide coverage for the following services:

- (1) Ambulatory patient services;
- (2) Emergency services;
- (3) Hospitalization;
  - (4) Maternity and newborn care;
  - (5) Mental health and substance abuse treatment, including behavioral health treatment;
- 34 (6) Prescription drugs:

- 35 (7) Rehabilitative and habilitative services and devices;
  - (8) Laboratory services:
    - (9) Preventive and wellness care, and chronic disease management;
  - (10) Pediatric services, including oral and vision care; and
    - (11) Any other services required by federal law."; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.